Name in Full Noah Putman

Certificate of Death

Died at Town Bellevue Alms-house County Washington MARYLAND

Date 1898 Month 9 Day | Age Y. 76 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Paralysis 44 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Mountain Dem. Oakland

Address 9-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65069

Name in Full [redacted] Allard

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month 9 Day 2 | Age Y. M. D. 7 weeks | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Edwin R. Allard Mother's Name Susan Allard

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Democratic Ledger

Address 9-10 Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full | Certificate of Death

Charles Edward Anthony

Died at Town: Funkstown County: Washington MARYLAND

Date 189 8 Month: Sept. Day: 10 Age Y. 1 M. 5 D. Native of: Funkstown ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 82

Father's Name: Clayton Elmer Anthony Mother's Name: Maud May Troxel

Cause of Death: Primary: Cholera Infantum — How long sick: 3 days

Immediate: Collapse and Heart Failure — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: F. S. Newcomer M. D.

Address: Funkstown Washington Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Susan E. Bell

Certificate of Death

Died at Town Ringgold County Washington MARYLAND

Date 189 8. Month Sept. Day 20 | Age Y. 69 M. 5 D. 25 | Native of Penna. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of Daniel L. Bell

Father's Name Wm. Stall | Mother's Name Sarah E. Stall

Cause of Death { Primary Heart Disease 57 | How long sick Dead in 20 minutes

Immediate Pulmonary Haemgl. | Accident, ~~Suicide~~, ~~Homicide~~

Reported by J. H. Weichard

Address Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise [illegible] oroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Ezra Burtner

Died near Town Breathedsville County Washington MARYLAND

Date 189 Month 9 Day 16 | Age Y. 75 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Husband of
Wife

Number of children living

Father's Name Rev. Henry Burtner

Mother's Name

Cause of Death: Primary Parbelysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Balto. Co. Democrat 10-1

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full Certificate of Death

Lizzie Coles

Died at ~~Phila~~ Town Hagerstown County Washington MARYLAND

Date 1898 Month Day Sept. 4. Age Y. M. D. 38 Native of Pa. Occupation Widow

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Pulmonary Tuberculosis How long sick about 2 years.

Immediate " 229 ~~Accident, Suicide, Homicide~~

Reported by H S Herman

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full | Certificate of Death

Oscar B. Davis

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month 9 Day 2 | Age Y. 20 M. D. | Native of | Occupation

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife X of

Father's Name Joshua M. Davis | Mother's Name [redacted] 37

Cause of Death: Primary Nicotine poisoning | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Daily Mail (Hagerstown)

Address 9-2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Roy Deibert

Certificate of Death

Died at Town Chewsville County Washington MARYLAND

Date 1898 Month Sept Day 14 Age Y. 2 M. 5 D. Native of Md ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Frank Deibert Mother's Name Roland

Cause of Death Primary 148

Immediate Drowning

~~How long sick~~

Accident, ~~Suicide, Homicide~~

Reported by Dr S.W. Umstot.

Address Chewsville Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

Susan Ann Dunlap

Died at Town: Funkstown County: Washington MARYLAND

Date 1898 Month: Sept Day: 31 Age Y.: 83 M.: 7. D.: 14 Native of: Maryland ~~Occupation~~

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Worthington Dunlap

Father's Name George John Mother's Name Susan Byerley

Cause of Death: Primary Diarrhoea 83 How long sick 20 days

Immediate Inanition ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Frank S. Newcomer Md.

Address Funkstown. Wash. Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Faber

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month 9 Day 2 | Age Y. 2 M. D. | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband / Wife of

Father's Name Geo. Faber

Mother's Name 81

Cause of Death — Primary: Stomach trouble — How long sick

Immediate

Accident. Suicide. Homicide

Reported by Daily Mail Hagerstown

Address 9-3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6598

Name in Full | Certificate of Death

Frederick Stull Furry

Died at Town: Tighmanton County: Washington MARYLAND

Date 1898 Month: Sept Day: 20 | Age Y.: 56 M.: 1 D.: 4 | Native of: Md | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

Husband / Wife of Elisabeth Davis

Father's Name William Furry | Mother's Name Annie Price

Cause of Death: Primary Locomotor Ataxia | How long sick 4 years

Immediate Exhaustion 40 | ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard, M. D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65880

Name in Full — Certificate of Death

Drusilla Grant

Died at Town: Hilghmanton — County: Washington — MARYLAND

Date 1898 — Month: Sept — Day: 30 — Age: Y. 33 M. 10 D. 23 — Native of: Wash Co. — Occupation: Housewife

~~Male~~ / Female — ~~White~~ / Colored — Married / ~~Single~~ / Widow X / Widower / ~~Divorced~~ — Number of children living: 6

~~Husband~~ / Wife of: William Henry Grant

Father's Name: Peter Munroe — Mother's Name: Charity Jurick

Cause of Death — Primary: Ruptured Tubal Pregnancy — How long sick: 6 Weeks

Immediate: Peritonitis 123

Reported by: J. M. Reichard M.D.

Address: Fairplay Wash. Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full | Certificate of Death

Daniel Hammaker

Died at Town Pondsville County Washington MARYLAND

Date 1898 Month Sept Day 3rd Age Y. 69 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Isabel Colliflower

Father's Name Peter Hammaker Mother's Name Elizabeth Crouse

Cause of Death Primary Heart Disease & Dropsy How long sick 2 yrs

Immediate Dropsy of Heart 57 ~~Accident, Suicide, Homicide~~

Reported by Dr. S. Whinstot

Address Chewsville Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Margaret Harble

Died at Town: Leitersburg County: Washington MARYLAND

Date 1898 Month: Sept Day: 16 | Age Y.: 73 M.: 9 D.: 21 | Native of: Md. | Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of George Harbler Widow

Father's Name: Samuel Musser Mother's Name: Margaret Messner

Cause of Death — Primary: Dysentary 5d How long sick: 3 weeks

Immediate: General Debility ~~Accident, Suicide, Homicide~~

Reported by: H. H. Wishard

Address: Leitersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full Mary Catharine Jacobs

Certificate of Death

Died at Town Bakersville County Washington MARYLAND

Date 189 8 Month Sept Day 8 Age ~~Y.~~ M. 3 D. 12 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name William H Jacobs Mother's Name Annie F. Show

Cause of Death Primary Marasmus 82 How long sick 3 mos

Immediate Spurious Hydrocephalous ~~Suicide, Homicide~~

Reported by V. M. Reichard, M. D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full | Certificate of Death

William James

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Sept. Day 22 5 Age Y. 70 M. D. Native of Maryland Occupation Retired Farm

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living One

Husband ~~Wife~~ ~~of~~ Widower

Father's Name Mother's Name

Cause of Death Primary Swallowed two oz 14 How long sick

Immediate Chlordform ~~Accident~~, Suicide, ~~Homicide~~

Reported by O H C Ryan M.D.

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Mary J Kidney

Died at Town: Hagerstown County: Washington — MARYLAND

Date 1898 Month: Sept. Day: 19 | Age Y. 80 M. 7 D. 22 | Native of: England | Occupation: Housewife

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ | ~~Divorced~~

Number of children living: 6

~~Husband~~ / Wife of: Rev John Kidney

Father's Name: Thomas Forsythe | Mother's Name: Bettie Forsythe

Cause of Death — Primary: Old Age 141 — How long sick: 12 hours

Immediate: Cardiac Failure

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: H. S. Dorr - M.D.

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

—LIBRARY BUREAU, 65968

Name in Full Alexander Agustus Lechlider — Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month Sept Day 18. | Age Y. 65 M. 4 D. 2. | Native of Md. | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of Rebecca Herr

Father's Name No family history obtainable — Mother's Name

Cause of Death: Primary Carbuncle. Septicaemia — How long sick 7 wks

Immediate Heart Asthenia 12 8 — ~~Accident, Suicide, Homicide~~

Reported by J. B. Morrison M.D.

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Wm. T. McCall

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Sept Day 25 Age Y. 21 M. D. Native of Md Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Wm. McCall Mother's Name Alice Davis

Cause of Death Primary Intestinal Obstruction How long sick 5 days.

Immediate 86 ~~Accident, Suicide, Homicide~~

Reported by Frank N Emmert M.D.

Address 139 W Washington St Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Carl Munson

Died at Town — County Washington Co. MARYLAND

Date 1898 Month Sept. Day 29th Age Y. 8 M. — D. — Native of Maryland Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Cyrus Munson Mother's Name Annie Munson

Cause of Death Primary Diphtheria 8a How long sick 2 weeks

Immediate Heart paralysis Accident, Suicide, Homicide

Reported by S. Howell Gardner

Address Sharpsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Belva Pauline Munson

Died at — Town | County Washington | MARYLAND

Date 1898 | Month Sept | Day 23 | Age Y. 3 M. – D. – | Native of Maryland | Occupation —

~~Male~~ | White | ~~Married~~ | ~~Widow~~ | Divorced

Female | ~~Colored~~ | Single | Widower | Number of children living

Husband / Wife of —

Father's Name — | Mother's Name —

Cause of Death: Primary Diphtheria 8a | How long sick 4 days

Immediate " | Accident, Suicide, Homicide

Reported by S. Howell Gardner

Address Sharpsburg Wash. Co. Md.

This is the child I reported with mistake in name a few days ago

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65975

Name in Full

Certificate of Death

William Henry Paffenbarger

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Sept. Day 2 | Age Y. 21. M. D. 18. | Native of Md. | Occupation Labor.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of Wife —

Father's Name William Paffenbarger

Mother's Name Catherine

Cause of Death: Primary Malaria Fever - 19

Immediate

How long sick 2 months

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. K. Dorsey M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mabel Alice Rowland

Certificate of Death

Died at Town St James County Washington MARYLAND

Date 1898 Month Sept Day 14 Age Y. 1 M. D. 15 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name J. Edgar Rowland Mother's Name Elisabeth Reichard

Cause of Death Primary Marasmus 82 How long sick 3 days

Immediate acute Indigestion. ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M.D.

Address Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full | Certificate of Death

William Thomas Sayer

Died at Town: Funkstown County: Washington MARYLAND

Date 1898 Month: Sept. Day: 2nd Age Y. 48 M. 5 D. 14 Native of: Funkstown Occupation: Mill Wright

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Loretta A. Rudy

Father's Name: Daniel Sayer Mother's Name: Charlotte Carns

Cause of Death: Primary: Typhoid Fever 1 How long sick: 25 days.

Immediate: Heart failure ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Frank S Newcomer Md.

Address: Funkstown Washington Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85968

Name in Full: Susan K. Sheffler

Certificate of Death

Died at: Leitersburg (Town) Washington (County) MARYLAND

Date 1898 Month: Sep. Day: 9 | Age Y. M. D.: 11 | Native of: Md. | ~~Occupation~~

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

82

Father's Name: John Sheffler

Mother's Name: Minnie K. Sheffler

Cause of Death: Primary: Cholera infantum

Immediate: Cholera infantum

How long sick: 30 hours

Accident, Suicide, Homicide

Reported by: J. H. Wishard M.D.

Address: Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Clara Viola Shoemaker

Died at Town: Startown County: Washington MARYLAND

Date 1898 Month: Sep. Day: 7 Age Y.: 23 M.: 3 D.: 12 Native of: Md. Occupation: Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

22a

Father's Name: David Shoemaker Mother's Name: Sarah Shoemaker

Cause of Death: Primary: Consumption How long sick: two years

Immediate: General debility ~~Accident, Suicide, Homicide~~

Reported by: J. H. Wishard M.D.

Address: Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary Smith

Certificate of Death

Died at — Town: Smoketown — County: Washington — MARYLAND

Date 1898 — Month: Sept. — Day: 21 — Age: Y. 14 M. D. — Native of: Md — Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Harry E Smith — Mother's Name: Fanny Arnold

Cause of Death — Primary: Inanition - Marasmus. — How long sick: 2 mos

Immediate: Entero = colitis 8 2 — ~~Accident, Suicide, Homicide~~

Reported by: S. Seibert - Davis M.D.

Address: Boonsboro Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Rosa Anna Snyder — Certificate of Death

Died at Town Halfway County Washington MARYLAND

Date 189 5 Month 9 Day 18 | Age Y. 64 M. 8 D. 16 | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ ~~Wife~~ of

Father's Name John Buckley | Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Transcript Williamsport 9-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ella Wells

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month 9 Day 2 Age Y. 64 M. D. Native of Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Chas. Wells 81

Father's Name Mother's Name

Cause of Death Primary Stomach trouble How long sick

Immediate Accident, Suicide, Homicide

Reported by Daily Mail Hagerstown 9-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Daniel C. White

Died at Town: Hagerstown County: Washington Co MARYLAND

Date 189 8 Month: Sept Day: 27 Age Y. 48 M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband / Wife of

Father's Name Daniel White

Mother's Name 22a

Cause of Death: Primary Consumption How long sick

Immediate

Accident, Suicide, Homicide

Reported by Williamsport Transcript Oct 2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REGR